

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30968

State File No.

550

FILED SEP 21 1950

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Mt. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Everson</u>	
c. LENGTH OF STAY (In this place) <u>1352 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
3. NAME OF DECEASED (Type or Print) <u>Denzel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12, 1950</u>	
a. (First)	b. (Middle)	c. (Last) <u>Wilson</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 18, 1915</u>
9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Dade Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Walter Kirby</u>		13b. MOTHER'S MAIDEN NAME <u>Nixon</u>	
14. NAME OF HUSBAND OR WIFE <u>Kyle Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Wilson, Record Clerk</u>		ADDRESS <u>Mo. State San., Mt. Vernon, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 yrs.</u>		002X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 28, 1946</u> to <u>Sept. 12, 1950</u> , that I last saw the deceased alive on <u>Sept. 12, 1950</u> , and that death occurred at <u>6:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ch. Brasler M.D.</u>		23b. ADDRESS <u>Mt. Vernon, Mo.</u>	
23c. DATE SIGNED <u>Sept. 12,</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial/Removal</u>		24b. DATE <u>4 9/12/1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	
411		25. FEDERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	
ADDRESS <u>Greenfield, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 15 1950

Dist. File 950-1918

Date Filed 9-19-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

J. C. Canada

Licensed Embalmer No.

4196

P. O. Address

Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.